

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018905

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 2623

FILED JUN 8 1962

1. PLACE OF DEATH

a. COUNTY **Jackson**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**Length of stay in 1b
42 Yrs2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**c. CITY OR TOWN **Kansas City**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **3821 E 18th St**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3821 E 18thReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
EBERTMiddle
HLast
CHANT

4. DATE OF DEATH

Month
MayDay
14Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10/13/929. AGE (last birthday)
69IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Pressman10b. KIND OF BUSINESS OR INDUSTRY
Kansas City Star11. BIRTHPLACE (City and state or country)
Mendon Ill12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Chant

13b. MOTHER'S MAIDEN NAME

No Record

14. NAME OF HUSBAND OR WIFE

Lee Chant15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
**2245 N W 16th St
Mrs Lee Chant Oklahoma City Okla.**18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to 5-14-62 and last saw him alive on 5-5-62
Death occurred at 3821 E 18th St on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Print name or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

May 15 1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Oklahoma City Okla.

24. FUNERAL DIRECTOR

ADDRESS

Sheil Funeral Home Kansas City Mo

25. DATE RECD. BY LOCAL REG.

5-14-62

26. REGISTRAR'S SIGNATURE

Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

Hugh A. Gestblom, M.D.

DOCUMENT

VS 300
Rev. 4/591
2 3 234
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5 1
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7 1
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1920 3 31-27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

for by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thomas A. Shuf

Licensed Embalmer No. 4254

P. O. Address K.P.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.